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APPLICANTS

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** CONTINUING DATA ***** *NCNR*** FOREIGN APPLICATIONS ***** *NCNR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 8	TOTAL CLAIMS 123	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

30410
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TITLE

Sub-assembly mounting system

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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